STATE EMPLOYEE REQUEST FOR LEAVE

STATE OF NORTH DAKOTA

SFN 3168 (1-2012)

Employee Name			Dept. Number
Date to Start Leave	Hour ☐AM ☐PM	Date to End Leave	Hour ☐AM ☐PM

TYPE OF LEAVE OR ABSENCE	HOURS REQUESTED	HOURS TAKEN
Annual Leave		
Sick Leave - Employee		
Sick Leave - Family * Relationship:		
Organ or Bone Marrow Donation Leave		
Jury Duty or Witness Leave		
Military Leave		
Disaster/Emergency Service-Volunteer Leave		
Funeral Leave - Family ** Relationship:		
Honor Guard Leave Essential Ceremonial Role:		
Leave Without Pay		
Compensatory Time		
TOTAL HOURS OF LEAVE		

Comments

Employee's Signature	Date
Supervisor's Approval	Date
Department Approval	Date

* Employees may use up to 80 sick leave hours per year to care for their eligible family member. An additional 10% of employee's accrued sick leave may be taken per calendar year to care for the employee's child, spouse, or parent with a serious health condition.

** Up to 24 hours of paid leave may be granted for a death in the employee or spouse's immediate family: spouse, child, parent, step parent, brother, sister, brother-in-law, sister-in-law, grandparent, grandchild, stepchild, foster parent, foster child, daughter-in-law, son-in-law.